the "solve" strategy for teaching Hidden Curriculum

A practical tool for frontline health care professionals to influence the hidden curriculum and improve culture.

"Hidden curriculum" is how cultural norms, values, and beliefs conveyed in the classroom, workplace and social environment are learned. The SOLVE strategy is an excellent tool to create a positive cultural impact in your clinic, operating room, small groups or debriefs.

The SOLVE Strategy	Recommendations & Example Questions	Example Scenario
S - Stop Discuss a teaching point regarding a cultural value, belief, expectation and/or social practices emulated by a clinical encounter.	 Set aside 5-10 minutes with the team regarding a specific interaction that touches upon: Stereotypes of people embedded in a case study Manifestations of power and hierarchy Dark humor How a team actually behaves vs. what they 'preach' Peers and related hallway conversations Oral culture of storytelling Physical gestures How role models behave around patients, staff, students How things are said vs. what is said 	A medical student is in the middle of their patient presentation. It is organized, demonstrates clinical acumen above their level of training, and greatly improved since their last presentation. They clearly followed through with the resident's recommendation to read-up on their patient's condition and to ask more questions during rounds. However the presentation is too long and is making rounds run late—again. The medical student appears to be clueless to the team's boredom and desire to move on to the next patient. After rounds, you STOP and pull the student aside for feedback.
O - Observe Reflect on what people were doing and NOT doing during the encounter.	What did you notice people doing during the encounter?What did you notice people NOT doing during the encounter?What do you think their motivations were?What do you think they were feeling at that moment?	Before providing feedback you ask "How do you think your presentation went today?" After carefully listening to their response, you probe further with "What did you OBSERVE about the team during your presentation? Were people listening? Were they checking their phones? Why do you think that was?"
L - Listen Reflect on what people heard others say and NOT say in the clinical encounter.	What did people say during the encounter? What did people NOT say during the encounter? What were their possible motivations? What were their possible feelings at that moment?	You LISTEN to the student assess the experience and gauge their level of self- awareness. You ask follow-up questions such as "What do you think the team's priorities are during rounds? What do you think the team was feeling during your presentation? What did you notice about how the team responded to the resident's presentation vs. yours?"
V - Vocalize Articulate what you learned, check for understanding.	What cultural values were at play? Were beliefs changed because of this experience? What were expectations before/during/after the encounter? What social practices were present? Why are they in place?	You then VOCALIZE what you observed during that presentation in regards to the student's performance (easy to follow the presentation, clearly improved clinical knowledge, response to feedback, lengthy presentation) and the team's priorities (efficiency, quality patient care). You then ask the student to VOCALIZE what they learned from this experience and identify areas to improve.
E - Educate Correct misunderstanding or misperception of cultural value, belief, expectation and/or social practices emulated by a clinical encounter.	Educate in a professional, non-judgmental manner.	You EDUCATE the student on how the hidden curriculum encourages students to demonstrate their clinical acumen and curiosity, however this can infringe upon the timeliness of rounding—which is of greater value to the team.

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